

TO: Members of the House Health Policy Committee
FROM: Deb Nault, RN, MSN, CNM; Michigan Nurses Association
RE: Written testimony in support of SB 2
DATE: Sept. 9, 2014

Dear committee members,

On behalf of the Michigan Nurses Association, the largest organization representing registered nurses in Michigan, I am writing in support of Senate Bill 2.

Right now, thousands of Advanced Practice Registered Nurses (APRNs) provide high-quality basic health care in various settings all across Michigan. All four types of APRNs, including nurse practitioners, hold national certification that requires a master's or doctoral degree and years of supervised clinical experience.

Michigan would benefit greatly by doing what more states are doing: enacting changes that enable these highly skilled professionals to practice to the full extent of that education and experience. SB 2 will:

Protect patients by providing a specific nursing license for APRNs. Michigan's Public Health Code currently requires the same license of all RNs, even though APRNs have a much wider scope of practice and responsibility. SB 2 updates the Code to create a licensing category for APRNs, which brings with it regulations and accountability measures to protect patients.

Help meet rising demand for health care. Organizations such as AARP support SB 2 and because it addresses a growing problem: There are simply not enough primary care physicians to meet the need, and there will not be anytime soon. This unmet need will only get worse as more Baby Boomers come of age and Americans insured under the Affordable Care Act seek health care services.

Residents all across Michigan – not just in rural areas – often face long distances or long waits to access even basic services like prenatal checkups and management of chronic diseases such as diabetes. Too often, that means residents don't get any health care at all, or get it at emergency rooms. This is a dangerous and expensive trend that affects all of us.

Control health care costs. What matters most is the quality and safety of care, and studies show that the quality of care provided by APRNs is the same or greater than physician care. Patients who use nurse practitioners are equally or more satisfied with the care they receive.

Very importantly, APRN services cost less than the same care provided by physicians. Enabling APRNs to practice to the full extent of their education and training also will give consumers more choices among providers, which will drive down costs.

With health care costs rising, it is imperative that patients and employers can choose the most cost-effective options available. APRNs are highly qualified to provide routine health care. To use the bill sponsor's analogy, why would you hire an expert mechanic to perform an oil change?

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Enhance the team model of health care.

Registered Nurses recognize the value of collaboration and do not wish to replace, or displace, physicians. SB 2 would simply lift the unnecessary restrictions on APRNs. For example, when Nurse Practitioners prescribe medication, they must do so under a physician's name. This is confusing for patients when they see an unfamiliar name on their bottle. Patients are better served when APRNs have the authority to write prescriptions under their own names, which SB 2 will do. In addition, regulating APRNs with SB 2 will make it easier to track patient outcomes to them, rather than their supervising physicians.

Under SB 2, APRNs will continue to collaborate with physicians and fulfill their obligation to refer patients whose needs are outside of their expertise.

Nurses put the patients' needs above all else and would never do anything to compromise the quality or safety of care. **Warnings that SB 2 will hurt the quality and safety of patient care are simply unfounded.** These claims serve only to scare and mislead the public.

Michigan State Medical Society member David H. Gorski, MD, PhD, affirms this:

As a member of the MSMS myself, I do not support the stance of the MSMS, and I was particularly disturbed by the faulty reasoning and fear mongering being used to defeat this bill.

If there were strong arguments against this from a patient safety standpoint, believe me, I would have grave doubts. (After all, I am a physician, and I recognize that my inherent bias would almost certainly be that physicians provide better care, making me more inclined to take such arguments seriously if they were evidence based.)

*There aren't, at least none that are scientifically supported by outcomes data, which is why the reaction of my fellow physicians to such measures, which occurs in every state where such bills are introduced, saddens me. It's pure turf protection, nothing more."**

The Michigan Nurses Association urges, instead, that all parties focus on the needs of patients and work together on the urgent task at hand: increasing options for Michigan residents to access qualified healthcare professionals in the most cost-effective ways possible.

I urge the committee to move SB 2 to the House floor so Michigan can take this important step.

Please do not hesitate to contact me if I can answer any questions or provide additional information.

Sincerely,

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*Expanding the scope of practice of advanced practice nurses will not endanger patients," Jan. 6, 2014;
www.sciencebasedmedicine.org/expanding-the-scope-of-practice-of-advanced-practice-nurses-does-not-endanger-patients/